Inspection Report

7 August 2025

Cavity Corner Ltd

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 236 Antrim Road, Belfast, BT15 2AN
Telephone number: 028 9074 9679

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/, The Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Standards for Dental Care and Treatment (March 2011)

1.0 Service information

Organisation/Registered Provider: Cavity Corner Ltd **Responsible Individual:** Mr Brian McMaster	**Registered Manager:** Mr Brian McMaster **Date registered:** 25 February 2016
Person in charge at the time of inspection: Mr Brian McMaster	**Number of registered places:** Five
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Cavity Corner Ltd is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has five registered dental surgeries and provides general dental services, private and health service treatment and does not offer conscious sedation.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 7 August 2025 from 9.50 am to 2.20 pm.

It focused on the themes for the 2025/26 inspection year and assessed progress with any areas for improvement identified during the last care inspection.

Issues of concern were identified during the inspection in relation to the recruitment and selection of staff, radiology and radiation safety, staff training, infection prevention and control (IPC) and the decontamination of reusable dental instruments.

As a result of the inspection findings and following consultation with senior management in RQIA, the responsible individual was invited to attend a serious concerns meeting in relation to staff training, IPC and the decontamination of reusable dental instruments. The responsible individual was also invited to attend a meeting to discuss RQIA's intention to issue two Failure to Comply (FTC) notices in relation to the recruitment and selection of staff and radiology and radiation safety.

Both meetings were held on 26 August 2025 at RQIA head office and Mr McMaster attended along with the director of operations for Cavity Corner Ltd. During the meetings, Mr McMaster provided a full account of the actions taken to date and future arrangements to ensure the improvements necessary to achieve full compliance with the required regulations.

Based on the discussions held and actions agreed, RQIA decided not to serve two Failure to Comply Notices. RQIA will continue to monitor and review the quality of service provided in Cavity Corner Ltd. It should be noted that continued non-compliance may lead to further enforcement action.

As a result of the inspection findings, five areas for improvement have been made against the regulations. Details of the areas for improvement can be found in the below Quality Improvement Plan (QIP) and relate to the recruitment and selection of staff, undertaking AccessNI disclosure checks, staff training, radiology and radiation safety and IPC.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

Mr McMaster was in attendance for part of the inspection and the inspection was facilitated by the director of operations.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards.

Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 What people told us about the care and treatment?

We issued posters to the registered provider prior to the inspection inviting patients and members of the dental team to complete an electronic questionnaire.

No completed staff or patient questionnaires were received prior to the inspection.

5.0 The inspection

5.1 What action has been taken to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 28 June 2023		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 14.4 **Stated:** First time	The registered person shall provide RQIA with a copy of the most recent servicing report for the inhalation sedation equipment.	**Met**
	Action taken as confirmed during the inspection: Following the previous inspection RQIA received confirmation that the inhalation equipment would be serviced during October 2023. Mr McMaster also confirmed that conscious sedation is no longer offered in Cavity Corner Ltd.	
Area for Improvement 2 **Ref:** Standard 14.7 **Stated:** First time	The registered person shall provide RQIA with a copy of the risk assessment regarding the use, risks and control measures for the management of waste medical gases.	**Met**
	Action taken as confirmed during the inspection: A copy of the Nitrous Oxide risk assessment was forwarded RQIA following the previous inspection. Mr McMaster also confirmed that conscious sedation is no longer offered in Cavity Corner Ltd.	

Area for Improvement 3 **Ref:** Standard 8.3 **Stated:** First time	The registered person shall provide RQIA with a copy of the most recent servicing report for the x-ray equipment.	**Met**
	Action taken as confirmed during the inspection: Following the previous inspection RQIA received confirmation that the x-ray equipment had been serviced during July 2023. A review of documentation during this inspection evidence that the most recent service of the x-ray equipment had been undertaken on 28 March 2025. Therefore, this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Do recruitment and selection procedures comply with all relevant legislation?

There were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance.

Mr McMaster oversees the recruitment and selection of the dental team and approves all staff appointments with the director of operations.

The director of operations confirmed that whilst she retained some staff details electronically a staff register in keeping with legislation had not been developed. This was discussed and following the inspection RQIA received confirmation that a staff register had been developed accordingly.

The director of operations confirmed that several staff had been recruited since the previous inspection. A review of three personnel files of staff recruited since the previous inspection evidenced that not all of the relevant recruitment records had been sought; reviewed and stored as required. There was no evidence that a full employment history had been sought and retained in three of the files reviewed and it could not be evidenced that a criminal conviction declaration or health declaration had been undertaken in two of the staff files reviewed. Mr McMaster was advised to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, is sought and retained for any staff recruited in the future.

A review of one personnel file evidenced that an AccessNI enhanced disclosure check had been completed by a different dental practice unrelated to Cavity Corner Ltd and the certificate was retained. Mr McMaster was advised that AccessNI enhanced disclosure certificates are not currently portable in Northern Ireland and a new AccessNI check should be undertaken for this staff member in respect of Cavity Corner Ltd.

Mr McMaster was also advised that all relevant information in relation to AccessNI checks must be stored in keeping with the AccessNI code of practice.

Whilst AccessNI disclosure reference numbers were recorded on the front of the other two staff members' personnel files, dates were not recorded as to when these were received. Therefore, it could not be evidenced the AccessNI checks had been sought prior to the commencement of employment.

It could not be evidenced that staff had undergone a robust induction upon commencing employment or that staff had been issued with a job description. Following the inspection RQIA received confirmation that any new staff will receive an induction and job description upon commencing employment.

There was evidence that the General Dental Council (GDC) registration of dental nurses had been reviewed, however, there was no evidence that the professional registration of the dentists working in the practice had been reviewed on a regular basis. Following the inspection RQIA received confirmation that a system had been developed to ensure that the professional registration of all dental professionals working in the practice would be reviewed on a regular basis.

As a result of the concerns identified on the day of the inspection RQIA were concerned that the lack of governance and oversight of the recruitment process has the potential to place patients at risk. Following consultation with senior management in RQIA, it was agreed that a meeting would be held with Mr McMaster with the intention of issuing a FTC notice.

As discussed in Section 2.0, based on the assurances provided and actions taken following the inspection, RQIA decided not to issue the FTC notice in relation to recruitment. Two areas for improvement have been made against the regulations to ensure that all recruitment documentation is sought and retained for any staff recruited in the future and in relation to obtaining AccessNI disclosure checks.

Addressing the areas for improvement will ensure that the recruitment of the dental team complies with the legislation and best practice guidance to ensure suitably skilled and qualified staff work in the practice.

5.2.2 Is the dental team appropriately trained to fulfil the duties of their role?

A training matrix was in place to monitor and record the dates staff had undertaken training. A review of the training matrix identified it did not include all of the staff currently working in the practice and therefore did not provide assurance that all staff had undertaken training relevant to their role. Following the inspection RQIA received confirmation that the training matrix would include all staff working in the practice.

A review of a sample of staff training records and discussion with the director of operations identified that the staff had not undertaken up to date training in safeguarding children. This was discussed and assurances were given that this training would be undertaken following the inspection.

Whilst some training records were available to review in relation to radiology and radiation safety, infection prevention and control, decontamination and fire safety awareness, records were not available to evidence that all staff working in the practice had up to date training in these areas. Mr McMaster was advised to ensure that evidence of staff training is maintained on file and readily available for review.

As a result of the concerns identified on the day of the inspection in relation to staff training, RQIA were concerned that there was insufficient governance and oversight to ensure staff are suitably trained and competent to perform their role. As discussed in Section 2.0, RQIA discussed these concerns with Mr McMaster and the director of operations at a serious concerns meeting on 26 August 2025.

Based on the discussions held and actions agreed RQIA considered the matter and confirmed that no further enforcement action will be taken at present concerning the regulatory breach in relation to staff training. An area for improvement against the regulations has been made in relation to staff training.

Addressing the area for improvement will ensure that the care and treatment of patients is being provided by a dental team that is appropriately trained to carry out their duties.

5.2.3 Is the practice fully equipped and is the dental team trained to manage medical emergencies?

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency.

Systems were in place to ensure that emergency medicines are immediately available as specified and do not exceed their expiry dates. However, the Glucagon medication had exceeded its expiry date and following the inspection RQIA received confirmation that the Glucagon had been replaced and would be stored in keeping with manufacturer's instructions.

Systems were in place to ensure that emergency equipment is immediately available as specified and does not exceed the expiry date. However, the portable suction machine could not be located and the director of operations could not confirm that all of the clear facemasks had been provided for use with the self-inflating bags. Following the inspection RQIA received confirmation that these items were in place as recommended.

There was a medical emergency policy and procedure in place and a review of this evidenced that it reflected legislation and best practice guidance. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

Managing medical emergencies is included in the induction programme and refresher training had been undertaken during February 2025. However, there was no evidence to confirm that all staff had attended this training. An area for improvement against the regulations has been made in relation to staff training, as discussed in section 5.2.2.

Members of the dental team were able to describe the actions they would take, in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

The actions taken following the inspection ensured that sufficient emergency medicines and equipment were in place. Addressing the area for improvement in relation to staff training will ensure that the dental team is trained to manage a medical emergency as specified in the legislation, professional standards and guidelines.

5.2.4 Does the dental team provide dental care and treatment using conscious sedation in line with the legislation and guidance?

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications or medical gases to relax the patient.

As previously, discussed Mr McMaster confirmed that conscious sedation is no longer offered in Cavity Corner Ltd.

5.2.5 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?

The IPC arrangements were reviewed throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

The infection prevention and control measures to prevent transmission of respiratory illnesses in the practice was discussed with the director of operations. It was confirmed arrangements are in place to check Department of Health (DoH) websites for further advisory information, guidance and alerts in this regard.

The director of operations confirmed that there were IPC policies and associated procedures in place and they reflected legislation and best practice guidance.

There were two lead dental nurses who had responsibility for IPC and decontamination in the practice. The lead dental nurses had undertaken IPC and decontamination training in line with their continuing professional development (CPD) and had retained the necessary training certificates as evidence.

During observation some of the dental surgeries were found to be cluttered, with several items such as dental instruments, multiple hand hygiene products and washing up liquid containers remaining on the worktops. Staff were advised that this does not facilitate effective cleaning and may lead to cross-contamination.

A number of environmental issues were identified during the inspection which were highlighted to Mr McMaster and the director of operations. Assurances were provided that the issues discussed would be actioned appropriately.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members of the dental team to self-assess compliance with best practice guidance.

The purpose of these audits is to assess compliance with key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning; the use of PPE; hand hygiene practice; and waste and sharps management. This audit also includes the decontamination of reusable dental instruments which is discussed further in the following section of this report. A review of these audits evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. A system was in place to ensure that relevant members of the dental team have received this vaccination.

The director of operations confirmed that members of the dental team had received IPC training relevant to their roles and responsibilities. However, as previously discussed there was no evidence to confirm that all staff had attended this training. An area for improvement against the regulations has been made in relation to staff training, as discussed in section 5.2.2.

As a result of the concerns identified on the day of the inspection RQIA were concerned that robust arrangements were not in place to evidence that the risk of infection transmission to patients, visitors and staff was minimised. The concerns in relation to deficits in IPC arrangements were discussed at the serious concerns meeting on 26 August 2025.

Based on the discussions held and actions agreed RQIA considered the matter and confirmed that no further enforcement action will be taken at present concerning the regulatory breach in relation to IPC.

An area for improvement against the regulations has been made in relation to IPC.

Addressing the areas for improvement will ensure that the the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

5.2.6 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the DoH.

The director of operations confirmed that there were a range of policies and procedures in place for the decontamination of reusable dental instruments that reflected legislation, minimum standards and best practice guidance.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room in general complied with best practice guidance. As discussed in section 5.2.5 issues were identified in relation to the environment and assurances were provided that these would be addressed.

Staff confirmed that the practice had two steam sterilisers in place. Records evidencing that the sterilisers were inspected, validated, maintained and used in line with the manufacturers'

guidance were reviewed. Review of equipment logbooks for the sterilisers demonstrated that all required tests to check the efficiency of the machines had been undertaken.

Staff confirmed a DAC Universal steriliser required repair and was not operational however, signage was not displayed on the machine to indicate it was out of use. Following the inspection Mr McMaster agreed to remove this piece of equipment from the decontamination room.

It was also confirmed the washer-disinfector had not been in use for over three months due to it requiring repair and staff were manually cleaning reusable dental instruments prior to sterilisation. This is not in keeping with HTM 01-05 which states cleaning should be undertaken using an automated and validated system in preference to manual cleaning. During and following the inspection Mr McMaster advised that several efforts had been made to repair the washer-disinfector but that these had been unsuccessful. Following the inspection Mr McMaster confirmed that a new washer disinfector would be installed in the practice and assurances were given that all reusable instruments would be washed using a validated process prior to sterilisation.

Staff demonstrated good knowledge and understanding of the decontamination process and were able to describe the equipment treated as single use and the equipment suitable for decontamination. Discussion with members of the dental team confirmed that they had received training on the decontamination of reusable dental instruments in keeping with their role and responsibilities. However, as previously discussed there was no evidence to confirm that all staff had attended this training. An area for improvement against the regulations has been made in relation to staff training, as discussed in section 5.2.2.

As a result of the concerns identified on the day of the inspection RQIA were concerned that robust arrangements were not in place for the effective decontamination of reusable dental instruments, in accordance with HTM 01-05 guidelines. The concerns in relation to decontamination of reusable dental instruments were discussed at the serious concerns meeting on 26 August 2025.

Based on the discussions held and actions agreed RQIA considered the matter and confirmed that no further enforcement action will be taken at present concerning the regulatory breach in relation to the decontamination of reusable instruments.

The provision of a new washer disinfector and addressing the area for improvement in relation to staff training will ensure that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

5.2.7 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

The arrangements regarding radiology and radiation safety were reviewed to ensure that appropriate safeguards were in place to protect patients, visitors and staff from the ionising radiation produced by taking an x-ray.

Dental practices are required to notify and register any equipment producing ionising radiation with the Health and Safety Executive Northern Ireland (HSENI). A review of records evidenced the practice had registered with the HSENI.

The practice has five surgeries each of which has an intra-oral x-ray machine and the equipment inventory reflected this. An orthopan tomogram (OPG) machine, was located in a separate room and following the inspection Mr McMaster confirmed that this OPG machine had been decommissioned and was no longer in use.

As discussed previously, a review of documentation evidenced that the x-ray equipment had been serviced on 28 March 2025 and was maintained in accordance with manufacturer's instructions.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that the Employer had entitled the dental team to undertake specific roles and responsibilities associated with radiology. Whilst there was evidence in the radiation protection file that staff had signed training records there was no evidence that the relevant staff had undertaken any external training or verifiable CPD in relation to radiology and radiation safety. An area for improvement has been made against the regulations in relation to staff training in section 5.2.2.

The RPS should oversee radiation safety within the practice and regularly review the radiation protection file to ensure that it is accurate and up to date. It was identified that the radiation protection file had not been signed or dated to indicate that it had been reviewed by the RPS on an annual basis. Following the inspection Mr McMaster confirmed that he regularly reviews the radiation protection file and has signed and dated the file to confirm this.

The appointed RPA must undertake a critical examination and acceptance test of all new x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation.

Mr McMaster confirmed that no new radiology equipment had been installed since the previous RQIA inspection. The report from the most recent RPA visit undertaken on 2 May 2025 was not available to review, and there was no evidence that Mr McMaster as the RPS had reviewed this report. Following the inspection RQIA received a copy of the most recent RPA report however, there was no evidence that the recommendations made had been actioned.

A copy of the most up to date local rules was displayed in the surgeries however, it was identified that not all relevant staff had signed the radiation protection folder to state that they had read and understood the local rules. This was discussed and actioned following the inspection.

It was observed that x-ray warning signs were not displayed in appropriate areas and this issue had been highlighted by the RPA in the most recent report and should be addressed.

Quality assurance systems and processes were reviewed to ensure that all matters relating to x-rays reflect legislation and best practice guidance. A review of a sample of the six monthly x-ray quality grading audits identified that some of the dentists were not using the two-point grading scale in keeping with best practice guidance and rectangular collimators were not in place for two of the intra-oral x-ray machines. These issues had been highlighted by the RPA in the most recent report and should be addressed.

As a result of the concerns identified during the inspection RQIA were not assured that radiology and radiation safety procedures were in place to ensure that x-rays are taken safely. Following consultation with senior management in RQIA, it was agreed that a meeting would be held with Mr McMaster with the intention of issuing a FTC notice.

As discussed in Section 2.0, based on the assurances provided and actions taken following the inspection, RQIA decided not to issue the FTC notice in relation to radiology and radiation safety. One area for improvement against the regulations has been made in relation to addressing any recommendations made in the most recent RPA report.

Addressing the area for improvement will ensure that radiology and radiation safety arrangements evidenced that procedures are in place to ensure that appropriate x-rays are taken safely.

5.2.8 Are complaints and incidents being effectively managed?

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for patients and staff to follow. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice.

A review of records concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. The director of operations was advised keep a record of any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Assurances were given that this issue would be addressed.

The director of operations confirmed that arrangements are in place to undertaken a complaints audit to identify trends, drive quality improvement and to enhance service provision.

Discussion with the director of operations confirmed that an incident policy and procedure was in place, which includes the reporting arrangements to RQIA. It was confirmed that incidents are effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA Statutory Notification of Incidents and Deaths. Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

The dental team was knowledgeable on how to deal with and respond to complaints and incidents in accordance with legislation, minimum standards and the DoH guidance.

Arrangements were in place to share information with the dental team about complaints and incidents including any learning outcomes, and also compliments received.

Systems were in place to ensure that complaints and incidents were being managed effectively in accordance with legislation and best practice guidance.

5.2.9 How does a registered provider who is not in day to day management of the practice assure themselves of the quality of the services provided?

Where the business entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mr McMaster was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

5.3 Does the dental team have suitable arrangements in place to record equality data?

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with staff.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

	Regulations	Standards
Total number of Areas for Improvement	5	0

Areas for improvement and details of the QIP were discussed with Mr McMaster, Responsible Individual and the director of operations as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 19 (2), Schedule 2, as amended **Stated:** First time **To be completed by:** 7 August 2025	The responsible individual shall ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (NI) 2005, as amended is sought and retained for all staff. Ref: 5.2.1 **Response by registered person detailing the actions taken:**
Area for improvement 2 **Ref:** Regulation 19 (2), Schedule 2, as amended **Stated:** First time **To be completed by:** 7 August 2025	The responsible individual shall ensure that an AccessNI enhanced disclosure check is completed and the outcome recorded in relation to the identified staff member and prior to staff members commencing employment in the future. Ref: 5.2.1 **Response by registered person detailing the actions taken**:
Area for improvement 3 **Ref:** Regulation 18 **Stated:** First time **To be completed by:** 7 August 2025	The responsible individual shall ensure that all staff working within Cavity Corner Ltd have completed training in accordance with their role and in keeping with RQIA training guidance and continuing professional development. A record of the training should be maintained. Ref: 5.2.2 **Response by registered person detailing the actions taken**:
Area for improvement 4 **Ref:** Regulation 15 (7) **Stated:** First time **To be completed by:** 7 September 2025	The responsible individual shall address the infection prevention and control issues identified in keeping with legislation and best practice guidance. Ref: 5.2.2 **Response by registered person detailing the actions taken**:

Area for improvement 5 **Ref:** Regulation 15 (1) **Stated:** First time **To be completed by:** 7 August 2025	The responsible individual shall review the arrangements regarding radiology and radiation safety and address any recommendations made by the radiation protection advisor (RPA) in the most recent report and confirmation should be recorded in the radiation protection file. Ref: 5.2.7
	Response by registered person detailing the actions taken:

Please ensure this document is completed in full and returned via Web Portal

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